REMARKS

Claims 1; 3; 4; and 11 have been amended. Claims 2; 5 to 10; and 13 to 18 have been cancelled. New claim 22 has been added.

Claims 1; 3; 4; 11; 12; and 22 remain in the application. Of these, claim 1 is the sole independent method claim.

Reexamination and reconsideration are respectfully requested in view of the amendments and the following remarks.

Claim 1 stands rejected under 35 U.S.C. § 102(b) based upon Poddar US 5,102,413 (Poddar). Claims 3 and 4 stand rejected under 35 U.S.C. § 103(a) based upon Poddar.

Poddar shows the use of a hollow rod with an array of holes formed around its entire periphery and along its entire length to fixate a bone fracture within a medullary cavity. A bladder inflated within the rod emerges from the holes in all directions from the rod to exert pressure on the wall of the medullary cavity. The "fingers" of the bladder that emerge in all directions from the holes hold the rod in place within the medullary cavity while the fracture heals.

Sole independent claim 1 has been amended to define the use of an elongated tool including a body having a wall that extends completely about the elongated axis of the tool and terminates at a distal end, and a projection that extends outward beyond the distal end of the body and that forms an elongated platform that extends less than completely about the elongated axis. As defined in amended claim 1, the elongated platform is positioned along the longitudinal axis of an expandable structure, between the expandable structure and a region of cancellous bone within a bone. A void is formed in another region of cancellous bone by expanding the expandable structure within the bone, with the elongated platform positioned to serve as an expansion barrier. As defined in amended claim 1, the expansion barrier directs the entire expansion of the expandable structure away from the elongated platform and toward the other region of cancellous bone.

Poddar does not teach or suggest the formation of a void in cancellous bone using an elongated platform, as defined in amended claim 1, that serves as a preferential expansion barrier for an expandable body, to direct the entire expansion of the expandable body toward a targeted region of cancellous bone, where formation of a void is desired. In Poddar, the bladder expands in all directions about the rod, because there is no platform as defined in amended claim 1, only a rod with holes in it. A preferential expansion barrier for an expandable body, as defined in amended

claim 1, would render Poddar inoperable for its intended purpose, because Poddar needs fingers extending in all directions to hold the rod in place to achieve fracture fixation.

Poddar also does not teach or suggest the compression of cancellous bone to form a void, or the displacement of cortical bone, as a result of preferentially directed entire expansion, as defined in claims 3 and 4, respectively. .

Claims 11 and 12 stand rejected under 35 U.S.C. § 103(a) based upon Poddar in view of Mastrorio US 5,849,014 (Mastrorio). The Examiner acknowledges that Poddar does not show the introduction of a filler material, but relies upon Mastrorio to patch the gap. Applicant respectfully submits that there is nothing in Poddar which teaches, suggests, or comprehends the use of a filler material. The focus of Poddar is to secure the rod within the medullary cavity to fixate a fracture, following which the rod is removed. In fact, the focus of Poddar is to avoid the use of the filler material that is the object of Mastrorio's attention. It is not appropriate to combine a first reference that teaches away from the use of a filler material (i.e., Poddar), with another reference (i.e., Mastrorio) that teaches precisely what the first reference seeks to avoid.

For these reasons, Applicant believes claims 1 (as amended); 3; 4; 11; 12; and 22 are in condition for allowance.

Respectfully Submitted,

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